

Salem County Humane Society Cat Animal Adoption Questionnaire

Welcome to the Salem County Humane Society Adoption Program. We're glad you would like to adopt a new pet from us. The following information is requested so that we can assist you in the selection of a new pet. This form and consultation with a Humane Society representative are designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

In order to be considered as an adopter, you must:

- Be 18 years of age or older.
- Have identification showing your present address.
- Own your own property or provide landlord info to verify permission to have a pet.
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

Completion of this application does not guarantee adoption of a Salem County Humane Society animal. Please print information on both sides.

Animal Applying For: _____ Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Email: _____

Place of Employment and Work Phone: _____

Do you: Own Rent Living place: House Apartment Condo Other _____

If you rent: Landlords name, Phone Number: _____

Do You Live:	Home Environment:	Pet Experience:
<input type="checkbox"/> In a City	<input type="checkbox"/> Very Active	<input type="checkbox"/> First time owner
<input type="checkbox"/> In a Town	<input type="checkbox"/> Some Activity	<input type="checkbox"/> have had one or two
<input type="checkbox"/> In the Country	<input type="checkbox"/> Quite	<input type="checkbox"/> have had all my life
<input type="checkbox"/> On a Farm		

What Hours is someone usually home? _____

How many adults in your household? _____ How many children? _____ Ages: _____

Are any Members of your household allergic to animals? _____

My Pet shall live:	I'd like to adopt a pet for:	Desired Characteristics:
<input type="checkbox"/> Inside house only	<input type="checkbox"/> Family companion	<input type="checkbox"/> Outgoing
<input type="checkbox"/> Basement	<input type="checkbox"/> Child's companion	<input type="checkbox"/> Reserved
<input type="checkbox"/> Outside during the day	<input type="checkbox"/> Protection	<input type="checkbox"/> Gets along with other
inside at night	<input type="checkbox"/> Gift for someone else	cats & dogs
<input type="checkbox"/> Outside and in garage only	<input type="checkbox"/> Hunting	<input type="checkbox"/> Affectionate
<input type="checkbox"/> Let roam freely	<input type="checkbox"/> Companion for other pet	<input type="checkbox"/> Other _____

Tell Us About Your Past and Present Animals

Pet #1

Breed: _____
Name: _____
Age: _____ Sex: _____
How long have you owned this pet? _____
Is the animal spayed or neutered? _____
Where did you get this pet? _____
Most of the time, this pet was kept?
__ indoors __ outdoors __ both
If no longer have, what happened to this pet?

Will this pet accept a new animal in the house?
Yes or No

Pet #3

Breed: _____
Name: _____
Age: _____ Sex: _____
How long have you owned this pet? _____
Is the animal spayed or neutered? _____
Where did you get this pet? _____
Most of the time, this pet was kept?
__ indoors __ outdoors __ both
If no longer have, what happened to this pet?

Will this pet accept a new animal in the house?
Yes or No

Pet #2

Breed: _____
Name: _____
Age: _____ Sex: _____
How long have you owned this pet? _____
Is the animal spayed or neutered? _____
Where did you get this pet? _____
Most of the time, this pet was kept?
__ indoors __ outdoors __ both
If no longer have, what happened to this pet?

Will this pet accept a new animal in the house?
Yes or No

Pet #4

Breed: _____
Name: _____
Age: _____ Sex: _____
How long have you owned this pet? _____
Is the animal spayed or neutered? _____
Where did you get this pet? _____
Most of the time, this pet was kept?
__ indoors __ outdoors __ both
If no longer have, what happened to this pet?

Will this pet accept a new animal in the house?
Yes or No

Who is your veterinarian? _____ Phone: _____
Will you keep the animal up to date on vaccinations? _____
Who will take care of your pet when you go on vacation? _____
If you must move, will you take the pet with you? _____
Have you ever adopted from us before? _____ if yes, please explain: _____

Have you ever brought an animal to us? _____ if yes, please explain: _____

Do you agree to let a representative come to your residence to check on the pet? _____
Are you willing to take responsibility for this pet for the next 10 to 20 years? _____
Are you aware of your local ordinances for pet licensing and rabies vaccinations? _____
If the adopted pet is not spayed/neutered, will you get it spayed/neutered? _____
Will you have the cat declawed? _____
Are you aware of how a cat may contract FIV, FIP and FeLV? _____
Since most shelter animals have unknown backgrounds, are you prepared to take your pet for a complete veterinary exam right away and provide any necessary medical treatment? _____

I certify that the above is true and correct and I realize that false information may result in nullifying this adoption.

Sign

Date

Humane Society Use Only
Application Review: ___Pass ___Fail Comments: _____
Veterinary Check: ___Pass ___Fail Comments: _____
House Check: ___Pass ___Fail Comments: _____
Adoption Approved: ___Pass ___Fail Comments: _____
Volunteer Signature: _____